

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Dominion - Possum Point Power Station
ADDRESS 5000 Dominion Blvd
Glen Allen VA 23060
FACILITY
LOCATION 19000 Possum Point Rd

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)**

Industrial Major 02/02/2016

**DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)**

Northern Regional Office
13901 Crown Court

Woodbridge VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

VA0002071		010	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
YEAR	MO	DAY	
2016	01	14	TO 2016 01 31

FROM

PARAMETER			QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	0.017	0.017	MGD	*****	*****	*****			0	1/M	EST
	REQRMNT	NL	NL	MGD	*****	*****	*****			0	1/M	EST
002 pH ⁽¹⁾	REPORTD	*****	*****		6.14	*****	6.14	SU		0	1/M	GRAB
	REQRMNT	*****	*****		6.0	*****	9.0	SU		0	1/M	GRAB
004 TSS	REPORTD	*****	*****		*****	<1.0	<1.0	MG/L		0	1/M	4HC
	REQRMNT	*****	*****		*****	30	100	MG/L		0	1/M	4HC
090 MOLYBDENUM, TOTAL (AS MO)	REPORTD	*****	*****		*****	<50.0	<50.0	UG/L		0	1/M	4HC
	REQRMNT	*****	*****		*****	NL	NL	UG/L		0	1/M	4HC
137 HARDNESS, TOTAL (AS CACO3)	REPORTD	*****	*****		*****	88.3	88.3	MG/L		0	1/M	4HC
	REQRMNT	*****	*****		*****	NL	NL	MG/L		0	1/M	4HC
145 CHLORIDES	REPORTD	*****	*****		*****	57,600	57,600	UG/L		0	1/M	4HC
	REQRMNT	*****	*****		*****	340000	340000	UG/L		0	1/M	4HC
185 NICKEL, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	9.47	9.47	UG/L		0	1/M	4HC
	REQRMNT	*****	*****		*****	19	19	UG/L		0	1/M	4HC
186 SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	<0.0750	<0.0750	UG/L		0	1/M	4HC
	REQRMNT	*****	*****		*****	1.5	1.5	UG/L		0	1/M	4HC


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BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	— OPERATOR IN RESPONSIBLE CHARGE — SAMPLER			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME BRIAN BULLOCK	SIGNATURE 	CERTIFICATE NO.	YEAR 2016	MO. 03	DAY 08
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		
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00012554

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DISCHARGE MONITORING REPORT(DMR)

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2016	01	14	TO	2016	01	31

Industrial Major 02/02/2016

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			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
193 THALLIUM, TOTAL (AS TL)	REPORTD	*****	*****			*****	<0.300	<0.300	UG/L	0	1/M	4HC
	REQRMNT	*****	*****			*****	0.47	0.47	UG/L	0	1/M	4HC
196 ZINC, TOTAL RECOVERABLE	REPORTD	*****	*****			*****	35.2	35.2	UG/L	0	1/M	4HC
	REQRMNT	*****	*****			*****	77	77	UG/L	0	1/M	4HC
202 CADMIUM, TOTAL RECOVERABLE	REPORTD	*****	*****			*****	<0.300	<0.300	UG/L	0	1/M	4HC
	REQRMNT	*****	*****			*****	1.1	1.1	UG/L	0	1/M	4HC
203 COPPER, TOTAL RECOVERABLE	REPORTD	*****	*****			*****	14.1	14.1	UG/L	1	1/M	4HC
	REQRMNT	*****	*****			*****	8.4	8.4	UG/L	0	1/M	4HC
212 ARSENIC, TOTAL RECOVERABLE	REPORTD	*****	*****			*****	<0.300	<0.300	UG/L	0	1/M	4HC
	REQRMNT	*****	*****			*****	220	220	UG/L	0	1/M	4HC
233 LEAD, TOTAL RECOVERABLE	REPORTD	*****	*****			*****	<0.300	<0.300	UG/L	0	1/M	4HC
	REQRMNT	*****	*****			*****	11	11	UG/L	0	1/M	4HC
235 MERCURY, TOTAL RECOVERABLE	REPORTD	*****	*****			*****	0.00945	0.00945	UG/L	0	1/M	4HC
	REQRMNT	*****	*****			*****	1.1	1.1	UG/L	0	1/M	4HC
237 COBALT, TOTAL (AS CO)	REPORTD	*****	*****			*****	7.6	7.6	UG/L	0	1/M	4HC
	REQRMNT	*****	*****			*****	NL	NL	UG/L	0	1/M	4HC


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314 CHROMIUM, HEXAVALENT TOTAL RECOVERABLE	REPORTD	*****	*****		*****	<3	<3	UG/L	0	1/M	4HC
	REQRMNT	*****	*****		*****	16	16	UG/L	0	1/M	4HC
361 IRON, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	2,150	2,150	UG/L	0	1/M	4HC
	REQRMNT	*****	*****		*****	NL	NL	UG/L	0	1/M	4HC
372 BORON, TOTAL	REPORTD	*****	*****		*****	604	604	UG/L	0	1/M	4HC
	REQRMNT	*****	*****		*****	NL	NL	UG/L	0	1/M	4HC
408 SELENIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	0.693±	0.693±	UG/L	0	1/M	4HC
	REQRMNT	*****	*****		*****	7.3	7.3	UG/L	0	1/M	4HC
409 VANADIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	<2.0	<2.0	UG/L	0	1/M	4HC
	REQRMNT	*****	*****		*****	NL	NL	UG/L	0	1/M	4HC
410 ALUMINUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	113	113	UG/L	0	1/M	4HC
	REQRMNT	*****	*****		*****	NL	NL	UG/L	0	1/M	4HC
449 BARIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	39.2	39.2	UG/L	0	1/M	4HC
	REQRMNT	*****	*****		*****	NL	NL	UG/L	0	1/M	4HC
500 OIL & GREASE	REPORTD	*****	*****		*****	<5.0	<5.0	MG/L	0	1/M	4HC
	REQRMNT	*****	*****		*****	15	20	MG/L	0	1/M	4HC

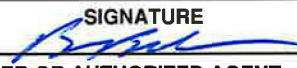
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
704 NOAEC - ACUTE 48 HR STAT CERIODAPHNIA DUBIA	REPORTD	*****	*****		NR	*****	*****	%	0	1/M	24HC
	REQRMNT	*****	*****		100	*****	*****	%	0	1/M	24HC
705 NOAEC - ACUTE 48 HR STAT PIMEPHALES PROMELAS	REPORTD	*****	*****		NR	*****	*****	%	0	1/M	24HC
	REQRMNT	*****	*****		100	*****	*****	%	0	1/M	24HC
720 Tuc - CHRONIC 3-BROOD STATRE CERIODAPHNIA DUBIA	REPORTD	*****	*****		*****	*****	NR	TU-C	0	1/M	24HC
	REQRMNT	*****	*****		*****	*****	1.44	TU-C	0	1/M	24HC
721 Tuc - CHRONIC 7-DAY STATRE PIMEPHALES PROMELA	REPORTD	*****	*****		*****	*****	NR	TU-C	0	1/M	24HC
	REQRMNT	*****	*****		*****	*****	1.44	TU-C	0	1/M	24HC
796 BERYLLIUM, TOTAL RECOVERABLE (AS BE)	REPORTD	*****	*****		*****	<2.0	<2.0	UG/L	0	1/M	4HC
	REQRMNT	*****	*****		*****	NL	NL	UG/L	0	1/M	4HC
797 ANTIMONY, TOTAL RECOVERABLE (AS SB)	REPORTD	*****	*****		*****	<0.300	<0.300	UG/L	0	1/M	4HC
	REQRMNT	*****	*****		*****	640	640	UG/L	0	1/M	4HC
837 SPECIFIC CONDUCTANCE	REPORTD	*****	*****		*****	376	376	UM/CM	0	1/M	4HC
	REQRMNT	*****	*****		*****	*****	NL	UM/CM	0	1/M	4HC
939 CHROMIUM, TRIVALENT TOAL RECOVERABLE	REPORTD	*****	*****		*****	<5	<5	UG/L	0	1/M	4HC
	REQRMNT	*****	*****		*****	73	73	UG/L	0	1/M	4HC


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00012557

This report is required by your VPDES permit and by law. (See, e.g., the Code of Virginia of 1950 §62.1-44.5 and 9 VAC 25-31-50.) Failure to report or failure to report truthfully can result in civil penalties of \$32,500 per violation, per day and felony prosecutions which can carry a 15 year term.

DISCHARGE MONITORING REPORT (DMR) - GENERAL INSTRUCTIONS

1. Complete this form in permanent ink or indelible pencil. The use of 'correction fluid/tape' is not allowed.
2. Be sure to enter the dates for the first and last day of the period covered by the report on the form in the space marked "Monitoring Period".
3. For those parameters where the "permit requirement" spaces have a requirement or limitation, provide data in the "reported" spaces in accordance with your permit.
4. Enter the average and maximum quantities and units in the "reported" spaces in the columns marked "Quantity or Loading".
 $\text{KG/DAY} = \text{Concentration (mg/L)} \times \text{Flow (MGD)} \times 3.785$ $\text{G/D (Grams/Day)} = \text{Concentration (mg/L)} \times \text{Flow (MGD)} \times 3785$
5. Enter maximum, minimum, and/or average concentrations and units in the "reported" spaces in the columns marked "Quality or Concentration".
6. For all parameters enter the number of samples which do not comply with the maximum and/or minimum permit requirements in the "reported" space in the column marked "No. Ex." (Number of Exceedances). If none, enter "0". Do NOT include monthly average violations in this field. Include any Maximum 7-Day Average and Maximum Weekly Average violations in this field. Permittees with continuous pH, or temperature monitoring requirements should consult the permit for what constitutes an exceedance and report accordingly.
7. You are required to sample (at a minimum) according to the Sample Frequencies and Sample Types specified in your permit.
8. Enter the actual frequency of analysis for each parameter (number of times per day, week, month, etc.) in the "reported" space in the column marked "Frequency of Analysis".
9. Enter the actual type of sample (Grab, 8HC, 24HC, etc) collected for each parameter in the "reported" space in the column marked "Sample Type".
10. Enter additional required data or comments in the space marked "additional permit requirements or comments". If additional required data or comments are appended to the DMR, reference appended correspondence in this field.
11. Record the number of bypasses during the month, the total flow in million gallons (MG) and BOD5 in kilograms (KG) in the proper columns in the section marked "Bypasses and Overflows".
12. The operator in responsible charge of the facility should review the form and sign in the space provided. If the plant is required to have a licensed operator or if the operator in responsible charge of the facility is a licensed operator, the operator's signature and certificate number must be reported in the spaces provided.
13. The principal executive officer then reviews the form and must sign in the space provided and provide a telephone number where he/she can be reached. Every page of the DMR must have an original signature.
14. Send the completed form(s) with original signatures to your Department of Environmental Quality Regional Office by the 10th of each month unless otherwise specified in the permit.
15. You are required to retain a copy of the report for your records.
16. Where violations of permit requirements are reported, attach a brief explanation in accordance with the permit requirements describing causes and corrective actions taken. Reference each separate violation by date.
17. If you have any questions, contact the Department of Environmental Quality Regional Office listed on the DMR.